

FOR INSTRUCTIONS, SEE BACK OF FORM

**DISCLOSURE SUMMARY PAGE**

## File with:

Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.  
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

2011 NOV -3 AM 11:54

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Charlene Butz

IMPORTANT: Indicate by # type of committee you are reporting for: 6

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Charlene Butz

Political Party (if applicable)

Office Sought

Windsor Heights City Council

District (if Senate or House)

<b>FORM</b> <b>DR-2</b> (Rev. 12/2009)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>14049</u>
Logged In	
Scanned	<u>BW</u>
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Charlene Butz  
SIGNATURE OF PERSON FILING REPORT

515 274-4780  
TELEPHONE

11/3/11  
DATE SIGNED

I AM FILING A November 3, 2011 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.  
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election  
November 8, 2011  
County & Local Committees, enter County in  
which Election is held  
Polk

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

965.00

Schedule F: Loans Received total (Attach Schedule F)

210.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 1,175.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

988.06

Schedule F: Loan Repayments total (Attach Schedule F)

186.94

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 212.00

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

210.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Charlene Butz

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/29/11	ID# CK#	unitemized contributions		\$40.00	<input type="checkbox"/>
9/30/11	ID# CK# 4290	O. Eugene Johnson 6804 Del Matro, Windsor Heights, IA		100.00	<input type="checkbox"/>
10/4/11	ID# CK# 5473	Andy McBeth 6531 Del Matro, Windsor Heights, IA		100.00	<input type="checkbox"/>
10/5/11	ID# CK# 5896	Diane Foss 6608 Del Matro, Windsor Heights, IA		50.00	<input type="checkbox"/>
10/5/11	ID# CK#	unitemized contributions		25.00	<input type="checkbox"/>
10/5/11	ID# CK# 5986	Karen Williams 6815 Del Matro, Windsor Heights, IA		100.00	<input type="checkbox"/>
10/5/11	ID# CK# 9875	Sandra O'Brien 6826 Del Matro, Windsor Heights, IA	sister	125.00	<input type="checkbox"/>
10/10/11	ID# CK# 4300	O. Eugene Johnson 6804 Del Matro, Windsor Heights, IA		100.00	<input type="checkbox"/>
10/15/11	ID# 6207 CK# 1029	Home Builders Assn. of Greater Des Moines 6751 Corporate Drive, Johnston, IA 50131		100.00	<input type="checkbox"/>
10/22/11	ID# CK# 4781	Lorin Knapp 1801 68th Street, Windsor Heights, IA		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 840	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE

**A**

(Rev. 07/03)

MONETARY  
RECEIPTSCHECK THIS BOX IF  
AMENDING FORM**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Charlene Butz

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/30/11	ID# CK# 9869	Dennis O'Brien 6826 Del Matro, Windsor Heights, IA	brother-in-law	\$125.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 125.00	
TOTAL (if last page of this schedule)				\$ 965.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT****SCHEDULE****B**

(Rev. 07/03)

**MONETARY****EXPENDITURES**CHECK THIS BOX IF  
AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Charlene Butz

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/3/11	ID# CK#93	ABC Sign & Display 3300 101st St, Urbandale, IA	Yard signs	\$ 358.28
10/9/11	ID# CK# 94	Principal Financial Group 711 High St, Des Moines, IA	Flyer copies	152.64
10/7/11	ID# CK# 95	Beeline & Blue 2507 Ingersoll Ave, Des Moines, IA	Stickers for yard signs	198.43
10/27/11	ID# CK#96	ABC Sign & Display 3300 101st St, Urbandale, IA	Yard signs	268.71
10/31/11	ID# CK#	Iowa Secretary of State Lucas Building Des Moines, Ia	Voter list	10.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 988.06

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Charlene Butz

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

<b>SCHEDULE D</b> (Rev. 08/98)	<b>INCURRED INDEBTEDNESS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/7/11	Big Green Umbrella Media 414 61st, Des Moines, IA	Quarter page ad in Windsor Heights Living estimated cost	\$ 212.00
SUB-TOTAL			\$ 212.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 212.00

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

**RESET**

SCHEDULE

**F**

(Rev. 02/08)

**LOANS  
RECEIVED  
& REPAY**☐ **CHECK THIS BOX IF  
AMENDING FORM****COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Charlene Butz

**NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** \_\_\_\_\_**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
9/29/11	Charlene Butz	self	\$ 210.00

**TOTAL (PART I)** \$ \_\_\_\_\_**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

**TOTAL CASH REPAYMENTS (PART II)** \$ \_\_\_\_\_

From Schedule E - TOTAL LOANS FORGIVEN \$ \_\_\_\_\_

**TOTAL OUTSTANDING LOANS END OF REPORT PERIOD** \$ 210.00

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(for Schedule F)